



APPLICATION FOR ADMISSION

Paramedical Technology Program

Full Legal Name _____
Last First Middle

Maiden or Previous Name _____ Social Security Number ____ / ____ / ____

Mailing Address _____

Physical Address _____

Home Telephone _____ Emergency Telephone _____

Employer _____ Employer Phone _____

Employer Address _____

Birth Date ____ / ____ / ____
Mo Date Year

Are you a US Citizen ____ Yes ____ No

Are you an Alaska Resident ____ Yes ____ No

PROGRAM PREREQUISITES

Include documentation of the following with application

- College Anatomy & Physiology I & II. Courses must total 8 credits with a passing grade of at least "C" in each.
- State of Alaska EMT-1 or NREMT-Basic EMT Certification
- Evidence of a Current Healthcare Provider CPR Card (AHA or ARC)

APRIL 15, 2005
Application DEADLINE

APPLICATION SCORING – (PHASE 1 OF 2)

Only 15 applicants will be selected for the Paramedic Program. Applicants will be rank-ordered based upon their submitted application. The top 20 applicants will progress to "Stage 2; the oral interview".

- Nurses Entrance Test (NET) => Up to 10 points
- College Grade Point Average => Up to 4 Points
- Life Experience in Emergency Medical Services => Up to 2 Points (< 5 yrs = 1pt; > 5 yrs = 2pts)
- Resident of the Kenai Peninsula Borough => 2 Points (This aligns with KPC's "community college mission" whereby those applicants residing in KPC's service area will receive two points)
- National Registry EMT "Intermediate-99" Certification => 2 Points
- National Registry EMT "Intermediate-85" Certification => 1 Point
- Advanced Cardiac Life Support Certification => 1 Point
- Military Service (Honorable Discharge & Medical MOS) => 1 Point

APPLICATION SCORING CONT.

- AK EMT 2 or out of state equivalent certification =>1 Point
- AK EMT 3 or out of state equivalent certification => 2 Points
(Students currently enrolled in EMT 2 & 3 programs will be awarded these points. However, if these applicants fail to certify these points will be deducted from their final score and may result in not being accepted into the paramedic program).
- Pre-Hospital Trauma Life Support or Basic Trauma Life Support Certification =>1 Point
- Nurses License at the level of RN or LPN (RN =1 pt; LPN = ½)

ORAL INTERVIEW – (PHASE 2 OF 2)

- The oral interview will be conducted by members of the Selection Committee.
- The Top 20 finalists will be invited to proceed forward to the oral interview phase of the selection process.
- Phone interviews may be granted due to unusual circumstances.
- Up to 5 additional points will then be added to the applicants application score.
- The Top 15 combined application scores will be accepted into the Paramedic Program.
- All finalists will be notified by phone and mail no later then **MAY 13, 2005**.
- Non-selected students will be notified by mail only.
- A list of 5 stand-by applicants will be maintained in case an accepted applicant declines acceptance.
- If an accepted applicant declines to enroll in the Paramedic Program, the standby list will be implemented.
- Accepted applicants will have **five (5) days to accept or decline** the invitation to register, and **must register** through KPC Student Services (907-262-0300) within this period or forfeit their acceptance.
- Students are also required to **notify Paramedic Coordinator Paul Perry**, by phone (907-262-0378) within the 5 day period of their acceptance.
- Applicants failing to mail their notification will forfeit their acceptance.

ADDITIONAL PARAMEDIC PROGRAM ADMISSIONS REQUIREMENTS

- Standard EMT Equipment (B/P Cuff, stethoscope, Penlight, Scissors) (\$40)
- Zippered Lab-coat with KPC identification (patches & name tag) (\$40)
- National FBI Criminal Background Check (\$18)
- Malpractice/Liability Insurance Policy (\$12)
- Liability Releases as needed for the program

ADMISSION ESSAY

A typed admission essay of 200-300 words (double spaced, 1" margins, 12 point font, Times New Roman) must be submitted with this application to be considered for admission into the Paramedic Program. The essay should state why the applicant wishes to become a paramedic and why s/he wishes to attend the Kenai Peninsula College Paramedic Program.

GENERAL HEALTH SCREENING & IMMUNITY

All health exam and immunization/titer costs are the responsibility of the student. The EMS department has a list of physicians that offer these exams and tests at a reduced fee for KPC Paramedic Students.

- Prior to starting the Paramedic Program, all students need to have signed documentation from their personal physician affirming they are capable of performing the physical tasks outlined by the DOT 1998 Paramedic Curriculum.

Health Screening & Immunity cont...

- Prior to any clinical rotation the applicant must show documentation of having met the following health requirements:
 - Immunity to rubella and rubeola, (demonstrated by titer)
 - Having started the two-shot hepatitis A series; must be completed within six months of first immunization
 - Having started the three-shot hepatitis B series; must be completed within six months of first immunization
 - Immunity to chicken pox, documented by history, titer, or immunization
 - Immunization against diphtheria and tetanus within last 10 years
 - Freedom from active tuberculosis, demonstrated annually by negative PPD or MD Heath Exam
 - Documentation of having had an annual HIV test (**results are not required to be turned in to KPC**, but documentation must be retained through graduation from the program)

ACADEMIC RECORD

Type of School	Name & Address of School	# Years Completed	Degree Received	Major	Did you Graduate?
High School or G.E.D.					
College (Undergraduate)					
College (Graduate)					
EMT Training Program					
Other (Specify)					

PAST EDUCATION

Include an official copy of all past and current college transcripts. If no college history, include a copy of your high school transcript and diploma or GED.

Include photocopies of all current EMS or Medical related certificates/licenses.

MILITARY

Attach a copy of your DD-214 (long form), with all medical MOS training certificates that you have completed.

RESUME

Please attach a current resume.

3 LETTERS OF RECOMMENDATION

Please provide a total of three letters of recommendation. Preferably one letter should be from a recent supervising physician or EMS medical coordinator in the community where you have practiced as an EMT. The other two should be from professional references.

UA/KPC Paramedical Technology AAS Degree Requirements:

Paramedic Program Requirements	48 credits
Anatomy & Physiology (Bio 111, 112)	8 credits
English (Eng 111, 211, 212, 213, 214) (English 111 & 212 are recommended)	6 credits
Communication Skills (Com. 111, 235, 237, or 241) (Communication 111 is recommended)	3 credits
Total Credits Needed for Degree	65 Credits

NOTE: Students **MUST** complete the general education courses (English and Communications) before they may register for PMED A295 (Paramedic Internship) and travel outside for their clinical ride-along.

***** Completed applications must be received by APRIL 15, 2005 *****
(Applying for Financial Aid? Do not delay!)

Mail or deliver the completed application and accompanying documentation to:

Paul Perry, Paramedic Coordinator
Kenai Peninsula College, 34280 College Drive, Soldotna, Alaska 99669 (907) 262-0378

The KPC Paramedical Technology Program does not unlawfully discriminate on the basis of age, race, national origin/ancestry, color, sex, religion/creed, or handicap/disability. KPC operates in accordance with applicable laws on equal opportunity and non-discrimination in the consideration for admission.

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal from the Paramedic Program.

APPLICANT'S SIGNATURE _____ **DATE** _____

Subscribed and sworn to before me this _____ day of _____, 2005. My

Commission expires _____

(Notary Signature) _____

(SEAL)

Kenai Peninsula College
Immunization / CPR / Background Checklist
Paramedic Program Semester _____, 20_____

Student Name _____ Phone Number _____

Requirement	Health Provider Stamp or Signature, including credentials & Phone Number	Date(s) and Titer Results
Rubella Immunity	Ph.	Immune Titer: POS or NEG Date:
Rubeola (Measles) Immunity	Ph.	Immune Titer: POS or NEG Date:
Diphtheria/Tetanus Vaccine within last 10 years	Ph.	Vaccine Date:
Chicken Pox Immunity	Ph.	Immunity Demonstrated by: State of History of Disease (self Report) Completion of Immunization Series _____ Immune Titer Date: POS or NEG
Hepatitis A Vaccination Series	Ph.	1. 2.
Hepatitis B Vaccination Series	Ph.	1. 2. 3.
Hepatitis B Immunity	Ph.	Immune Titer Date: POS or NEG
Hepatitis B 4 th Shot (if necessary) Hepatitis B Immunity	Ph.	4. Immune Titer Date: POS or NEG

Requirement	Health Provider Stamp or Signature, including credentials & Phone Number	Date(s) and Titer Results
Annual Proof of having had HIV Blood Test. Do not give results, only proof of having had test	Ph.	HIV TEST COMPLETED DATE ONLY _____
Annual Proof of Freedom from TB: Negative PPD. If PPD positive, then proof of negative chest x-ray.	Ph.	PPD Tine Test Date: Results Date: POS or NEG Provider: Phone:
Background Check	Fingerprinting Available at RNS Protection (283-7001)	Copy of completed documents
CPR Certification	American Heart Association or American Red Cross – Healthcare Provider CPR	Copy of current CPR Card through entire clinical sequence.
EMT Certification	State of Alaska	Copy of Current EMT Certification Card

The check sheet must be stamped or signed by the health provider or original health documents may be copied. Documentation must be provided prior to beginning of your first clinical.

The student is responsible for keeping their original health and CPR documents throughout the clinical sequence and for providing copies as requested.

PROVISION OF RESULTS OF CRIMINAL BACKGROUND CHECKS

- A. Students are required to provide the Paramedic Program Coordinator with the results of a national criminal background check prior to beginning clinical practice experiences. This requirement is mandated by Memoranda of Agreements with the clinical agencies in which students complete clinical learning experiences.
- B. Criminal background checks may be obtained through the FBI by following the procedure below:
 - 1. obtain a properly completed set of fingerprints
 - 2. obtain a photocopy of a picture ID (e.g., Driver's license)
 - 3. obtain a certified check or money order made out to the U.S. Treasury in the amount of \$18
 - 4. submit the above to the FBI with a letter requesting the background check under the Freedom of Information Act.
- C. A sample letter to request the background check is included with this application. To avoid unnecessary delays in processing the background check, it is suggested that you not alter the wording of the sample letter. It normally takes up to three months to obtain the results of the background check.

Date:

Federal Bureau of Investigation
CJIS Division
Attn: SCU Mod D-2
1000 Custer Hollow Road
Clarksburg, WV 26306

To Whom It May Concern:

Based on the Freedom of Information Act, I would like a background check done for personal reasons. My name is _____; my date of birth is _____. (include month, day, and year)

Enclosed, you will find a photocopy of a picture identification as well as a properly completed set of fingerprints. Also enclosed is a _____ (insert certified check or money order) in the amount of \$18.00 to cover the cost of the background check.

The results should be sent to me at the following address:

Your Name
Your Address
City, State, Zip Code

Thank you very much.

Sincerely,

Your name typed